AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Kujundzic et al.					111	Docket No. PLP482USW	
Application No.	Filing Date	Examiner	Cı	stomer N	o. Group Art Ur	nit Confirmation No.	
10/538,376	4/14/06	Elli Peselev		23347	1623	6014	
Invention: Substituted 9a-N-(N'-(Sulfonyl)Phenylcarbamoyl) Derivatives of 9-Deoxo-9-Dihydro-9a-aza-9a-Homocrythromycin A and 5-O-Desosaminyl-9-Deoxo-9-Dihydro-9a-aza-9a-Homocrythronolide A							
COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER		RATE	ADDITIONAL FEE	
TOTAL CLAIMS	22 -	21 =	•		x \$50.00	\$50.00	
INDEP. CLAIMS	2 -	3 =	(x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable)					\$0.00		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$50.00							
No additional fee is required for amendment. Please charge Deposit Account No. 07-1392 in the amount of \$50.00 A check in the amount of to cover the filling fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-1392 Any additional filling fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Waren L. Prus, Reg. No. 39,337 Attorney for Applicants ClaxoSmith Kline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398 Telephone: (919) 483-7988 Telephone: (919)							
cc:					of Person Mailing C	-	